



PTO/SB/17 (01-06)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)**FEE TRANSMITTAL**
For FY 2006**Complete if Known**

Application Number	10/620,529
Filing Date	July 16, 2003
First Named Inventor	LUKAS EISERMANN, ET AL.
Examiner Name	Jessica R. Baxter
Art Unit	3733
Attorney Docket No.	03190.002300

☐ Applicant claims small entity status. See 37 C.F.R. 1.27**TOTAL AMOUNT OF PAYMENT** (\$13,950.00)**METHOD OF PAYMENT** (check all that apply)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):
<input type="checkbox"/> Deposit Account	Deposit Account Number: 06-1205	Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments			

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
261	- 30 or HP = 231	x \$50	= \$11,550.00			
HP = highest number of total claims paid for, if greater than 20						

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
19	- 7 or HP = 12	x \$200	= \$2,400.00
HP = highest number of independent claims paid for, if greater than 3			

3. APPLICATION SIZE FEE

If the specification, drawings, and any Preliminary Amendment exceed 100 sheets of paper in total, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other:

Fees Paid (\$)

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	46,546
Name (Print/Type)	Stephen E. Belisle	Telephone	212-218-2100
			Date: August 30, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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4002-3359/PC635.02 (03190002300)

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Jessica R. Baxter
Lukas EISERMANN, ET AL.)	
	:	Group Art Unit: 3733
Application No.: 10/620,529)	
	:	Confirmation No.: 8968
Filed: July 16, 2003)	
	:	August 30, 2006
For: INTERVERTEBRAL PROSTHETIC JOINT)	

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL AMENDMENT

Sir:

Introductory Comments

Please amend the above-identified application as set forth below.

Please charge any additional fee required for consideration of this paper to

Deposit Account 06-1205.

08/31/2006 MAHMED1 00000146 10620529
01 FC:1202 11550.00 OP
02 FC:1201 2400.00 OP